

# VOLUNTEER APPLICATION FORM

**Hanover Missionary Church**  
628 11th St. Hanover, ON N4N 1T7  
(519) 364-1823 Fax (519) 364-6058

Ministry Council approval December 15, 2009  
Membership approval November 23, 1999, minor editing Nov.17, 2000,  
May 25, 2001, August 26, 2004, and March 2<sup>nd</sup>, 2005, May 16,2012, Edit Jan 2021

## A. PURPOSE

This Volunteer Application Form is to be completed by all Volunteer Applicants for any position involving the supervision or care of Children under the age of 18, youth & vulnerable sector. The Church has a spiritual, moral and legal obligation to provide a secure environment for those people participating in church programs and who are under the auspices of the Church. To this end, this Application and the application process are intended to assist in attaining this goal.

All information is STRICTLY CONFIDENTIAL and only persons with legitimate need will have access to any information obtained in the application process. Failure to complete any or all of the Volunteer Application Form may delay consideration. The Applicant with the Pastor in advance of completion may review any questions of the sensitive, personal nature.

If you are under the age of 18, you will be asked to re-apply after you turn 18. This will involve another police check.

## B. PERSONAL BACKGROUND

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street: \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Prov: \_\_\_\_\_ Marital Status: \_\_\_\_\_

2. What area(s) of HMC's Ministry are you interested in serving?

- Nursery      HMC Kids (S.S.)      Junior Youth (grades 6-8)  
Mid-Week Program      Senior Youth (High School)  
Preschoolers      Vacation Bible School      Young @Heart  
Other \_\_\_\_\_

3. What time commitment are you able to make?

- 1-2 hrs/week    2-3 hrs/week    3-4 hrs/week    4 or more hrs.

4. Are you prepared to attend seminars or workshops on HMC's Ministry as prescribed by the Church?

- Yes      No

Comments, if any: \_\_\_\_\_

5. What background/experience do you have in working with Children/youth/vulnerable sector (church or non-church)? (Provide particulars of organization, time and responsibilities)

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6. Provide a description of any other Church volunteer activities over the past five years.

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7. Do you have Membership **or** non-member in Ministry Status in this Church?

Membership  non-member in Ministry  Regular Attendee more than 6 months

8. Provide a description of church involvement over the past five years.

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9. Do you have a criminal record or have you ever been convicted of a criminal offence involving children/youth/vulnerable sector or assaults?

Yes  No If Yes, please explain.

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10. Will you consent to a criminal records search every 3 years? (We do require it.)

Yes  No Please follow the instructions included in your application package.

\*\* (If you have a criminal record, it will be kept strictly confidential and be reviewed only by the Pastor or Youth & Children's Discernment Committee.)

11. This question applies only if on any occasion you may be transporting people for ministry related purposes. This includes driving them to and or home from any church activity.

Please include a photocopy of both sides of your valid, current driver's license.

- Copy attached  
 Copy not required

Have you been convicted of any offence under the Highway Traffic Act in the past 3 years?

Yes  No If yes, please explain \_\_\_\_\_

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Do you carry automobile liability coverage?  Yes  No

All information is kept strictly confidential  
Please return this form to Church Office, Attention: Volunteer Screening Committee

We strongly recommend you carry at least \$2,000,000 (Two million) in liability coverage to protect yourself in case of an accident.

### C. REFERENCES

Please provide two personal references: (name, addresses, phone number, relationship - not relatives) and must be at least 18 years or older.

1. \_\_\_\_\_  
*Name* *Phone #* *Relationship*

\_\_\_\_\_ *Street Address* \_\_\_\_\_ *City* \_\_\_\_\_ *Postal Code*

2. \_\_\_\_\_  
*Name* *Phone #* *Relationship*

\_\_\_\_\_ *Street Address* \_\_\_\_\_ *City* \_\_\_\_\_ *Postal Code*

### D. STATEMENT

The information contained in this Volunteer Application form is correct. I authorize any references listed to provide any information requested pertaining to my character and fitness to participate in HMC's Ministry of the church.

Should my application be accepted, I agree to be bound by the Constitution and all Policy Statements of the Church, including any discipline process and to refrain from any conduct which would be detrimental to the protection of people in my care in fulfilling my responsibilities on behalf of the Church. I agree to immediately notify the church in the event of any civil or criminal investigation or any charges involving any Children under the age of 18/youth/vulnerable sector and myself.

I acknowledge having fully read and understood all manuals related to my area of ministry and the Hanover Missionary Church's Plan to Protect Protection Policy. I agree to be bound by the terms thereof, and in this regard I hereby acknowledge that if there is a written or verbal report made alleging that I have abused or threatened to abuse a Child, youth or vulnerable sector or if the Senior Pastor receives information about myself which indicates reasonable grounds to suspect that anyone may be at risk, I understand and agree that I shall be immediately suspended from any duties and responsibilities in all HMC's Ministries of the Church pending the outcome of the investigation.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Applicant's Signature:

\_\_\_\_\_  
Witness Signature: (Must be 18 years of age or older)